

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		04-30-01
O.I.P.E. CLASSIFIER		59	5291
FORMALITY REVIEW	T.A.	TCHM	04/06/01
RESPONSE FORMALITY REVIEW	BZ	897	05-13-01
	LS	56906	09/04/02

AVAILABLE COPY

INDEX OF CLAIMS

= Rejected
 = Allowed
 - (Through numeral)
 + Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
13	✓
14	✓

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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135-
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